



Practitioner's Docket No. BOMUHDUS

PATENT

IFW

26765

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): BOWSHER et al. } GAU: 2676
Serial No.: 09/919,559 } Examiner: Cunningham, Gregory F.
Filed: 07/31/2001 }
Title: Universal Ultra-High }
 Definition Color, Light, and }
 Object Rendering, Advising }
 And Coordinating System }

**Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

AMENDMENT TRANSMITTAL

1. Transmitted herewith is a response for this application comprising:

23 Pages Amendment with Remarks; and
7 Pages of Replacement Drawings.

STATUS

2. Applicant is a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application, and the provisions of 37 C.F.R. Section 1.136(a) apply. Applicant believes a total extension period of three (3) months is required at a fee of \$510.00. If a further extension is required, please consider this a petition therefor.

Extension Fees Submitted: \$510.00

<u>Certificate of Mailing</u>
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
on <u>June 13</u> , 2006.
<u>TCP:JMO</u>
Thomas P. O'Connell, Esq., Reg. No. 37,997
<u>June 13 2006</u>
Date

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1)	(Col. 2)	(Col. 3) SMALL ENTITY		
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total 68	Minus 35	=	x \$25 =	\$0
Indep. 8	Minus 3	= 0	x \$100 =	\$500
First Presentation of Multiple Dependent Claim			+ \$135 =	\$0
			Total Addit. Fee	\$500

- * If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
 - ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 - *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

Total additional fee for claims: \$500.

Payment by Credit Card Payment Form enclosed.

TP.O.L.

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